

Fill in this information to identify the case:

Debtor Desoto Owners LLC

United States Bankruptcy Court for the: Eastern District of NY
(State)

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with **PRIORITY** Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

Florida Department of Revenue
Sarasota Service Center
100 Paramount Drive, Suite 200
Sarasota FLA 34232

Date or dates debt was incurred _____

Last 4 digits of account number _____

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$

Total claim	Priority amount
8,750.00	8,750.00

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

2.2 Priority creditor's name and mailing address

Ken Burton Tax Collector
P.O. Box 25300
Bradenton FLA 34206-5300

Date or dates debt was incurred _____

Last 4 digits of account number _____

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$

961,021.24

\$ approx. 400,00

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred _____

Last 4 digits of account number _____

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$

\$

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Debtor _____ Case number (if known) _____
 Name _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1 Nonpriority creditor's name and mailing address ADP LLC _____ P.O. Box 842875 _____ Boston MA 02284-2875 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 375.00
3.2 Nonpriority creditor's name and mailing address Bright House Networks Spectrum Business _____ P.O. Box 7195 _____ Pasadena CA 91109-7195 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 640.00
3.3 Nonpriority creditor's name and mailing address Clean Sweep _____ P.O. Box 15031 _____ Sarasota FLA 34277 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,100.00
3.4 Nonpriority creditor's name and mailing address Florida Department of Revenue _____ Sarasota Service Center _____ 100 Paramount Drive, Suite 200 Sarasota FLA 34232 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,750.00
3.5 Nonpriority creditor's name and mailing address Florida Power and Light _____ General Mail Facility _____ Miami FLA 33188-0001 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 13,500.00
3.6 Nonpriority creditor's name and mailing address Gladstone Investors LLC 10 Palm Court Queen Elizabeth Walk London, N165XA England _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ loan Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 249,550.00

Debtor _____ Case number (if known) _____
Name _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____	Nonpriority creditor's name and mailing address Manatee County Utilities Department P.O. Box 25350 Bradenton FLA 34206-5350	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 9,500.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address Meyer Lebovits 1156 58th Street Brooklyn NY 11219	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 115,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ loan Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address Philippians 413 Maintenance P.O. Box 16882 St Petersburg FLA 33733	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,500.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address SBA 14925 Kinsport Road Fort Worth TX 76155-2243	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 64,800.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ EIDL loan Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address SBA 14925 Kinsport Road Fort Worth TX 76155-2243	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 77,670.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ PPP loan Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor _____ Case number (if known) _____
 Name _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____	Nonpriority creditor's name and mailing address South Central AV _____ P.O. Box 303627 Nashville TN 37230-6327 _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,077.21
3.____	Nonpriority creditor's name and mailing address Terminix _____ P.O.Box 802155 _____ Chicago Illinois 60680-2155 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 550.00
3.____	Nonpriority creditor's name and mailing address T-Mobil _____ P.O. Box 742596 _____ Cincinnati OH 45274-2596 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 205.00
3.____	Nonpriority creditor's name and mailing address Kimley-Horn _____ P.O. Box 932520 _____ Atlanta GA 31193-2520 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 15,000.00
3.____	Nonpriority creditor's name and mailing address Studio V Design and Planning _____ 44 East 32nd Street, 3rd Floor _____ New York N.Y. 10016 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 65,571.90

Debtor _____ Case number (if known) _____
 Name _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Thornbread _____ 10 Palm Court Queen Elizabeth Walk London, N165XA England Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed loan Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ 170,000.00
3.2	Nonpriority creditor's name and mailing address Willowdale Star Holdings LLC _____ 10 Palm Court Queen Elizabeth Walk London, N165XA England Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed loan Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ 314,491.00
3.3	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed _____ Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.4	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed _____ Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.5	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed _____ Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.6	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed _____ Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____

Debtor

Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts****5a. Total claims from Part 1**

5a.

\$ 408750

5b. Total claims from Part 2

5b.

+

\$ 1120279

5c. Total of Parts 1 and 2

5c.

\$ 1,529,029

Lines 5a + 5b = 5c.